### Delbert Hosemann SECRETARY OF STATE

## Candidate and Political Committees' REPORT OF RECEIP IS AND DISBURSEMENTS

S	DECEIVED
x	JAN 2 8 2010
	Secretary of State Capitol Office
-	DAMESTRAME

Candidate's Name Percy W. Watso	on	JAN 2 8 20
Full Address P. O. Box 1767 Hatt	tiesburg, MS 39403	Secretary of St Capitol Office
Telephone 601~545~1051	(Fax) 601-582-4293	DATES DAY
E-mail		
Office SoughtState Representative	e, Dist. 103 Political Party Democrat	ic

Check here if above is different from previous report

### TYPE OF REPORT

January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)............All Candidates and Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt [bbligation]

Required to terminate reporting obligations

### IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (lii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)	This Period	 Calendar year-to-date
Total amount of contributions \$75,350.00 + 14,900.00 \$	80,250.00	\$ 80,250.00
Total amount of disbursements 56,312.03 + 18,283368\$	74,595.65	\$ 74,595.65
Total amount of cash on hand \$	32,139.68	

I certify that I have examined this report and to the best of any thousands and belief it is true, accurate, and complete.

Signature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-81 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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A. Source:   Corporation   PAC   individual   Loan    Other (please specify)   Community   College	Date (Mo., Day, Year)	Amount of each receipt \( \) this period
MGCCC Mississippi Gulf Coast Foundation	08 , 11 , 09	\$ 1,000.00
P. O. Box 99	//_	\$
City, State, Zip Code		\$
Perkinston: MS 39573	-'-'-	1.
Name of Employer (Required) MGCCC Mississippi Gulf Coast		s
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
B. Source: Corporation D PAC D Individual D Loan D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Plum Creek Timber Company	07 / 16 / 09	500.00
Mailing Address 999 Third Avenue, Suite 4300		\$
City, State, Zip Code Seattle, WA 98104		8
Name of Employer (Required)		\$
Not applicable	''	i i
Occupation (Required)	Aggregate year-to-date	\$ 500.00
G. Source: G Corporation To PAC G Individual G Loan  G Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Electric Power Association of Mississippi State	07 / 14 / 09	1,000.00
Malling Address		\$
P. O. Box 3300	'	
City, State, Zip C. de	1 1	\$
Ridgeland, MS 39158 Name of Employer (Required)		
Not applicable		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
D. Source:   Corporation X PAC   Individual   Loan    Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Road Builders Association	07 / 17 / 09	\$ 1,000.00
Malling Address 601 George Street		s
City, State, Zip Code Jackson, MS 39202		\$
Not applicable		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00

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The product of the		Amount of each
, Source:   © Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year)	receipt this period
Other (please specify)	04 04 00	5
ull name	061 041 09	1,000.00
R and J Group, Inc.		\$
falling Address 5266 Old Highway 11, Suite 70-349	'	×
City, State, Zip Code		\$
Hattiesburg; MS 39402		\$
tame of Employer (Required)	-'-'-	
Not applicable	Aggregate	\$
Occupation (Required)	year-to-date	1,000.00
B. Source: □XCorporation □ PAC □ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
□ Other (please specify)		
Full name	<u>06 / 08 / 09</u>	1,000.00
Care Management Organization, LLC		
Mailing Address	1 1	\$
P. O. Box 16389	'	
City, State, Zip Code		\$
DISTRICT STATE OF THE PARTY OF	1'	
Hattiesburg, MS 39404-6389		\$
Name of Employer (Required) Not applicable	-'-'-	//
Occupation (Required)	Aggregate year-to-date	\$1,000.00
C. Source: ☐ Corporation ☐ PAC T Individual ☐ Loan	Date	Amount of each
9,000,400	(Mo., Day, Year)	receipt
☐ Other (please specify)		this period
	06 1 00 1 00	\$ 250.00
Mayor Johany L. DuPree	06   08   09	250.00
Mailing Address	1 1	\$
	1'-'-	
P. O. Box 574 City, State, Zip Code		S
The state of the s	1-'-'-	
Hattiesburg, MS 39403	0 0 0	\$
Name of Employer (Required)	l—''-	V.3
Mayor, City of Hattiesburg	Aggregate	\$ 050.00
Occupation (Required)	year-to-date	250.00
D. Source: Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)		Tito barran
Full name Northrop Grumman Shipbuilding	<u>06 / 08 / 09</u>	\$1,000.00
Malling Address P. O. Box 149		\$
City, State, Zip Code	- A 1	\$
Pascagoulai MS 39568-0149	_ ' <del>- '</del> -	4
Pascagoula 1 no 39300-0149 Name of Employer (Required)	(4) E	5
Not applicable	''_	
Occupation (Required)	Aggregate year-to-date	\$1,000.00

Reporting period\_January 1,2009

# ITEMIZED RECEIPTS

Source: tXCorporation □ PAC □ Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		071 001 00	\$ , 000 00
ill name Policy	Committee	071 081 09	1,000.00
attiesburg Clinic - Healthcare Policy	Committee		\$
ailing Address		'	
. O. Box 17739		, J	\$
lty, State, Zip Code		''	
Mattiesburg, MS 39404			\$
ame c1 Employer (Required)		'	
Not applicable		Aggregate	\$
ccupation (Required)		year-to-date	1,000.00
Source: Corporation DPAC individual D	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)			s
tull name		071 081 09	1,000.00
Hon. Paul T. Benton			\$
Mulling Address		1 1	3
P. O. Box 1341			
		1 1	\$
City, State, Zip Code		- ' - · -	
Biloxi, MS 39533		1 1	\$
Name of Employer (Required)		: <u>-</u>	-
Attorney		Aggregate	1,000.00
Occupation (Required)		year-to-date	
C. Source: D Corporation D PAC & Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)		07/101/00	\$
Full name		<u> 1071   101   109</u>	The second secon
Kevin Altman		1 1	\$
Mailing Address		-''=	
102206 DonCastle Ct.	17.5	1 1	\$
City, State, Zip Code		_''-	
Merchanicsville, VA 23116		7 ,	\$
Name of Employer (Required)		'	
Not applicable		Aggregate	\$ 1,000.00
Occupation (Required)		year-to-date	
D. Source: (ACorporation	Loan	Date (Mo., Day, Year	Amount of each receipt this period
☐ Other (please specify)		071.091.01	\$ 1,000,00
Full name		07/08/09	1,000.00
L & A Contracting Company Mailing Address		_'_'_	S
P. O. Box 16749		1 1	\$
City, State, Zip Code			
Hattiesburg MS 39404 Name of Employer (Required)		11_	_ \$
Name of Employer (restaures)		Anneante	\$ 1 000 00
Occupation (Required)		Aggregate year-to-date	1,000.00

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Page	-	of _ <del>4</del> J

Reporting period January 1, 2009

# 1, 2009 through December 31, 2009 ITEMIZED RECEIPTS

	1 (2 0 2		
Source: Corporation QPAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		07 1 08 1 09	\$ 250.00
ississippi Concrete Industries Assn.		1 1_	\$
700 Old Canton Road, Suite K	-		s
idgeland, MS 39157-1253			\$
ame of Employer (Required)			*
ccupation (Required)		Aggregate year-to-date	\$ 250.00
Source: L'Corporation L' FA	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  ull name		06 , 19 , 09	\$ 1,000.00
ntegrated Management Services			\$
.26 Amite Street			\$
City, State, Zip Code		_'-'-	
Jackson, MS 39201 Name of Employer (Required)			S
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
With installing contraction with the contraction of	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		06 / 19 / 09	\$ 1,000.00
Integrated Management Services		1 1	\$
Mailing Address 126 Amite Street			\$
City, State, Zip Gode			. 4
Jackson, MS 39201			\$
Name of Employer (Required)		\_'-'-	
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source:   Corporation /2 PAG   Management	Loan	Date (Mo., Day, Year	Amount of each receipt this period
Other (please specify)		06 / 19 / 09	\$ 1,000.00
Full name Mississippi Malt Beverage Mailing Address			\$
P. O. Box 1132		1 1	15
City, State, Zip Code Jackson, MS 39215-1132			
Name of Employer (Required)		-''-	_ \$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

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Reporting period January 1, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

A. Source: Corporation DPAC Individual Loan DOther (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		07/17/09	\$ 1,000.00
Reynolds American		/al /a	\$
Mailing Address P. O. Box 2990			
P. O. DOX 2990 City, State, Zip Code		8 8	\$
A STATE OF THE PROPERTY OF THE		_'-'-	
Winston Salem, NC 27102 Name of Employer (Required)			\$
Name of Employer (reequired)		_'-'-	20
Occupation (Required)		Aggregate year-to-date	1,000.00
B. Source:   Corporation PAC Individual   Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name W B Consolidated		06 109 109	1,000.00
W B CONSOTTUATED			\$
770 North West Street		!	
//U North West Street		10. 14	\$
		''-	
Jackson, MS 39205 Name of Employer (Required)		_1_1_	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ ☐	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		06 / 19/ 09	\$ 1,000.00
BancorpSouth		6 1	\$
Meiling Address P. O. Box 789		-'-'-	
City, State, Zip Code		F F	\$
Tupelo, MS 38802			
Name of Employer (Required)	11111		\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: © Corporation © PAC □ Individual □ I	"pan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Entergy Mississippi, Inc.		08./11./09	\$1,000.00
Mailing Address P. O. Box 1640		_'_'_	s
City, State, Zip Code Jackson, MS 39215		_'_'_	s
Name of Employer (Required)			s
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

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Page		O.	

Source: Corporation PAC Individual Coan	Date (Mo., Day, Year)	Amount of each receipt this period
□ Other (please specify)	061 241 09	250.00
Mississippi Manufactur <b>ers Association</b>		\$
aiting Address	_1_11	
720 North President Street		\$
ity, State, Zip Code	1-'-'-	
Jackson, MS 39202	1_1_	\$
ame of Employer (Required)	Aggregate	\$ 250.00
occupation (Required)	year-to-date	230.00
3. Source: X Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)	064 2/4 09	\$
full name	061 241 09	1,000-00
Mississippi Bail Agents	1 1	\$
Mailing Address 413 South President Street, Suite 111		s
City, State, Zip Code	11	•
Jackson, MS 39201		\$
Name of Employer (Required)	\_' <u>-</u> '-	
Occupation (Required)	Aggregate year-to-date	1,000.00
C. Source: Corporation D PAC Individual C Loan  U Other (please specify)	(Mo., Day, Year)	Die Print
	06/ 17/ 09	1.000.00
Full name Mississippi HealthCare Association		\$
as New Address	\_'-'-	
114 Market Ridge Drive	1 1	\$
City, State, Zip Code		S
Ridgeland, MS 39157 Name of Employer (Required)	_/_/_	
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
D. Source: (Corporation   PAC   Individual   Loan	Date (Mo., Day, Year	Amount of each receipt this period
Other (please specify)	071 201 0	2 \$ 1,000.00
Full name Government Consultants, Inc.		
stalling Address	_'_'_	. \$
1830 Crane Ridge Drive  City, State, Zip Code Jackson, MS 39216-4901		_ \$
Jackson, MS 39210 4701 Name of Employer (Required)		_ S
	Aggregate	\$ 1,000.00
Occupation (Required)	year-to-date	1,500.00

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Reporting period January 1, 2009

# 1, 2009 through December 31, 2009

. Source: क्रिCorporation □ PAC □ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Ull name	071 091 09	1,000.00
Benlaw Ventures, Inc.		\$
P. O.Box 572 ity, State, Zip Code		\$
Hattiesburg, MS 39403 lame of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	1,000.00
3. Source: X2 Corporation 🗆 PAC 🗇 Individual 🗇 Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	06 / 24 / 09	250.00
Coca-Cola Bottling Company Mailing Address	_1_1_	\$
P. O. Box 17197 City, State, Zip Gode	, , ,	\$
Hattiesburg, MS 39404-7197 Name of Employer (Required)	1_1_	S
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source: Groporation G PAC 🛣 Individual G Loan  Group Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mr. Holt McMullan	06/24/09	250.00
Mailing Address P. O. Box 1071	_'_'_	\$
City, State, Zip Code		\$
Hattiesburg, MS 39403 Name of Employer (Required)		\$
President, Trustmark Bank Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: Corporation PAC X Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	07 / 17 / 09	\$ 250.00
Mr. Paul H. Holmes Mailing Address		\$
135 HDR Lane City, State, Zip Code		\$
Petal, MS 39465  Name of Employer (Required)	_'_'_	s
Attorney Occupation (Required)	Aggregate year-to-date	\$ 250.00

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L N L E		_ ~ -		

Source: TCorporation PAC Dindividual Discoun	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	07/18/09	1,000.00
Warren Paving Contractors & Engineers  Wailing Address	1_1_1_	\$
P. O. Box 572		\$
Hattiesburg, MS 39403		\$
lame of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	1,000.00
3. Source: Ti Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name	07/13 / 09	1,000.00
Anheuser-Busch Companies, Inc.		\$
One Busch Place City, Stute, Zip Code	1_1_1_	\$
St. Louis, MO 63118 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	1,000.00
C. Source:  Corporation  PAC Individual Loan  Other (please specify) University	(Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Valley State University Foundation	<u>07/10 /09</u>	\$ 250,00
Mailing Address	\_' <u>-</u> '-	
P. O. Box 7265 City, State, Zip Code		\$
Itta Bena, MS 38941-1400 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: Groporation G PAC & Individual G Loan	Date (Mo., Day, Year	Amount of each receipt this period
Other (please specify)	07/ 10/ 0	9 \$ 1,000.00
Dr. Kate N. Aseme, M.D.		_ s
416 Bay Street		. \$
Hattiesburg, MS 39401 Name of Employer (Required)		\$
FGH, Chief of Surgery Occupation (Required)	Aggregate year-to-date	\$ 1,000.00

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Reporting period\_January 1, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

A. Source: A Corporation PAC Individual Loan  Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		07 / 09 / 09	\$
T. L. Wallace Construction			1,000.00
Malling Address		, ,	\$
P. O. Box 523		'	
City, State, Zip Code			\$
		'	
Columbia, MS 39429			\$
Name of Employer (Required)			¥
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Soulice. M. Colporation D. Free D. Marie	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name		06 / 08 / 09	250.00
Regions Banks			
Mailing Address		1 1	\$
P. O. Box 11007			
City, State, Zip Code			\$
		''	
Birmingham, AL 35288			\$
Name of Employer (Required)			•
Occupation (Required)		Aggregate year-to-date	\$ 250.00
		year-to-date	
A	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
□ Other (please specify)			
Full name		05 ,12 ,09	\$ 1 000 00
McMahan Family Charitable Foundation			1,000.00
Mailing Address		1 1	\$
16 Chandeleur Point			
City, State, Zip Code		1 1	\$
Hattiesburg, MS 39402		' '	
Name of Employer (Required)		, ,	S
Hattle or Employer (risdames)		-'-'-	
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: Corporation PAC Individual C	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Hospitality & Restaurant Associat	ion	05 / 12 / 09	\$ 750.00
Mailing Address 130 Riverview Drive, Suite A		11	\$
			Liberal III
City, State, Zip Code		_/_/_	S
Flowood, MS 39232			
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 750.00

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LASC			

Source:   ☐ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year)	Amount of each receipt this period
□ Other (please specify)	04/14/09	1,000-00
Worth Thomas Consultants		
alling Address		
P. O. Box 774 ity, State, Zip Code	-'-'-	
Jackson, MS 39205		3
arne of Employer (Required)		1,000.00
occupation (Required)	year-to-date	Amount of each
3. Source: Corporation C PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
1 Other (please specify) University	081 031 09	1,000,00
Alcorn State University Foundation		\$
Mailing Address	'	
1000 ASU Drive, No. 810 City, State, Zip Code		\$
Alcorn, MS 39096-7500		\$
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
C. Source: @ Corporation DXPAC D Individual D Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	09 / 04 / 09	1,000.00
A T & T Mississippi		\$
Mailing Address 175 East Capitol Street, Suite 702		\$
City, State, Zip Code Jackson, MS 39201-2135		\$
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	1,000.00
D. Source: Gorporation G PAC X Individual G Loan	Date (Mo., Day, Year)	Amount of eac receipt this period
☐ Other (please specify)	07/29/09	\$ 1,000.00
Pull name Dave Ware	1 1	\$
Malling Address		-
402 Rebecca Avenue City, State, Zip Code MS 39401	_'-	. \$
Hattiesburg, MS 39401 Name of Employer (Required)	_'_'-	- S
Occupation (Required) Councilman, City of Hattiesburg	Aggregate year-to-date	\$ 1,000.00

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Reporting period January 1, 2009

## 1, 2009 through December 31, 2009

A. Source: D'Corporation   PAC   Individual   Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		08 /07 /09	\$ 500.00
Tyson Foods		00 . 07 . 05.	\$
Malling Address		11	•
463 Ridge Circle			\$
City, State, Zip Code		11	*
Brandon, MS 39047		-	\$
Name of Employer (Required)		_1_1_	
Occupation (Required)		Aggregate year-to-date	\$ 500,00
B. Source: ,C corporation B 1 No B III	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name		07 / 29 / 09	\$
Brown Bottling Group, Inc.	_	07 129 109	1,000.00
Mailing Address		1 1	\$
591 Highland Colony, Pkwy.		-'-'-	
City, State, Zip Gode		1 1	\$
Ridgeland, MS 39157			
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000,00
C. Source:   © Corporation □ PAC □ Individual □  □ Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Power Company		08 /11 /09	\$ 1,000.00
Mailing Address		1 1	\$
P. O. Box 4079			
City, State, Zip Code		1 1	\$
Gulfport, MS 39502-4079			
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: Corporation D PAC X Individual D  Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of eac receipt this period
Full name		08 /03 /09	\$ 750.00
Lucien Bourgeois			750,00
Mailing Address 117 Fawnwood Drive			s
City, State, Zip Code Brandon, MS 39042			. \$
Name of Employer (Required) Not applicable		_'_'_	. \$
Occupation (Required)		Aggregate year-to-date	\$ 750.00

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A. Source: CCorporation D PAC Individual D Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Denbury Resources, Inc.	08 1 04 1 09	1,000.00
Mailing Address 5100 Tennyson Parkway, Suite 1200		\$
City, State, Zip Code Plano, TX 75024		S
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
B. Source: ** Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Petroleum Marketers	08 / 11 / 09	750.00
Mailing Address P. O. Drawer 3859	_1_1_	s
City, State, Zip Code  Jackson, MS 39207		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	750.00
C. Source: ☐ Corporation ☑ PAC ① Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cable PAC MCTA	08 106 109	750.00
Mailing Address P. O. Box 55867		\$
Cky, State, Zip Code Jackson, MS 39296		s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 750.00
D, Source: □XCorporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Isle of Capri Casino	08 /27 /09	\$1,000.00
Malling Address 600 Emerson Road, Swite 300		\$
City, State, Zip Gode St. Louis, MO 63141		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	1,000.00

Reporting period January 1, 2009

# 1. 2009 through December 31, 2009 ITEMIZED RECEIPTS

Source: TCorporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)		08/11/09	1,000-00
Bloomfield Equities, LLC		1_1_1_	\$
P. O. Box 2475		1 1 -	s
Jackson, MS 39225		1 1	\$
lame of Employer (Required)	-	Aggregate	\$ 1,000.00
Occupation (Required)	Laan	year-to-date Date	Amount of each receipt
B, Source: ☐ Corporation ☐ PAC ☐ Individual ☐	Loan	(Mo., Day, Year)	this period
☐ Other (please specify)		08/11 /09	1,000.00
W. Larry Harris			\$
P. O. Box 3380		1 1	\$
City, State, Zip Code Ridgeland, MS 39158			s
Name of Employer (Required)		Aggregate	\$ 1,000.00
C. Source: M Corporation U FAC 52 Internation	j Loan	year-to-date Date (Mo., Day, Yea	Amount of each
Other (please specify)		08/ 11/ 0	
Swedish Match North America, Inc.			- \$
P. O. Box 13297			\$
Richmond, VA 23225			\$
Name of Employer (randomino)		Aggregate year-to-dat	2,000.00
D. Source: Corporation PAC Andividual	□ Loan	Date (Mo., Day, Ya	Amount of each
□ Other (please specify)		08/ 11/	09 \$ 500.00
Full name Tim Ford		11.	_ \$
P. O. Box 22587			\$
Jackson, MS 39225			_ \$
Name of Employer (Required) Not applicable		Aggrega year-to-d	te \$ 500.00

Page	15	of	45	
1 466				_

. Source:   ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Data (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	<u>10 / 31 / 09</u>	\$ 1,000.00
Harrah's Entertainment		\$
talling Address	-/-/-	
One Caesars Palace Drive  City, State, Zip Code  Las Vegas, NV 89109	_1_1_	\$
tags vegas, NV 09109	1 1	\$
10110 10 -17-17-28-1-10-1-1-1		
Occupation (Required)	Aggregate year-to-date	1,000.00
B. Source: Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	06 / 08 / 09	\$
Statewide General Insurance Agency	00 / 00 / 09	250.00
Mailing Address 3073 Lynch Street		\$
City, State, Zip Code	1 1	\$
Jackson, MS 39209		-
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source: Corporation PAC 10 Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	05/12/09	\$ 250,00
Dr. Aubrey K. Lucas		\$
Mailing Address	1_/_/_	•
3200 Jamestown Road		\$
City, State, Zip Gode		
Hattiesburg, MS 39402		\$
Name of Employer (Required)		Ť
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: D. Corporation   PAC   Individual   Loan	The state of the s	Amount of each receipt this period
Other (please specify)	07 /29 /09	\$ 500.00
Full name Beau Rivage	27.22/42	
Maling Address	[_'_'-	\$
P. O. Box 7325 City, State, Zip Code	1_1_	\$
Biloxi, MS 39540		
Name of Employer (Required)		_ S
Occupation (Required)	Aggregate year-to-date	\$ 500.00

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rage				

Reporting period January 1, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

Source: XCorporation DPAC DIndividual DLoan	(Mo., Day, Year)	Amount of each receipt this period
□ Other (please specify)	071 29109	1,000.00
Swisher International, Inc.		\$
P. O. Box 2230		\$
lty, State, Zip Code Jacksonville, FL 32203-2230		\$
terne of Employer (Required)	Aggregate	\$ 1,000.00
Occupation (Required)	year-to-date	Amount of each
B. Source: □ Corporation □ PAC 💢 Individual □ Loan	(Mo., Day, Year)	receipt this period
☐ Other (please specify)	081 031 09	\$ 250.00
Mr. Trey Bobinger Malling Address		\$
P. O. Box 3015 City, State, Zip Gode		\$
Jackson, MS 39207 Name of Employer (Required)		\$
Occupation (Required)	Aggregata year-to-date	\$ 250.00
C. Source:  ☐ Corporation ☐ PAC  ☐ Individual ☐ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	08 / 04 / 09	250.00
Mr. Warren Hood, Jr. Mulling Address		\$
3900 Jamestown Road		S
Hattiesburg, MS 39403 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source:   Corporation   PAC   Individual   Loan	Date (Mo., Day, Yea	Amount of each receipt this period
Other (please specify)	08/_11/_0	9 \$ 300.00
Mr. Jessie Pope Mailing Address		_ \$
505 Brady Road	_'_'-	_ \$
Hattiesburg, MS 39401 Name of Employer (Required)	_'_'	\$
Not applicable Occupation (Required)	Aggregate year-to-dat	\$ 300.00

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Source: Corporation DPAC DIndividual DLoan		Date Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		11/13 /09	\$ 400,00
Astra Zeneca	-		\$
falling Address	1.	_'_'_	
7516 Jeannette Street		-070 - 10	\$
ity, State, Zip Code	,	//	30
New Orleans, LA 70118			\$
lame of Employer (Required)		_1_1_	
Occupation (Required)		Aggregate year-to-date	\$ 400.00
B. Source: U Corporation & 780	oan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		10/ 12/ 09	\$
Full name		10/ 12/ 03	500.00
Atmos Energy Corporation PAC			\$
5430 LBJ Freeway, Suite 160			\$
City, State, Zip Code			X
Dallas, TX 75240 Name of Employer (Required)		1 1	\$
Name of Employer (Nequine)			
Occupation (Required)		Aggregate year-to-date	500.00
C. Source:  Corporation	oan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		11/13 /09	\$1,000.00
Altria Client Services, Inc.			\$
Mailing Address		7 7	2
6601 West Broad Street			
City, State, Zip Code		F 1	\$
	9		
Richmond, VA 23230 Name of Employer (Required)		11_	\$
		Aggregate	\$
Occupation (Required)		year-to-date	1,000.00
D. Source: IXCorporation - 770	.oan	Date (Mo., Day, Year	Amount of each receipt this period
□ Other (please specify)			A 050 00
Hayes Dent Public Strategies		_'-'-	\$ 250.00
Mailing Address		_'_'	S
120 North Congress Street, Suite 900 City, State, Zip Code		1.1.	s
Jackson, MS 39201			
Name of Employer (Required)			\$
Occupation (Required)	-	Aggregate year-to-date	\$ 250.00

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The state of the s	and the same of th			

LSource: □ Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	12, 10, 09	1,000.00
Health Management Associates MS		\$
2550 Flowood Drive, Suite 402		\$
Flowood, MS 39232		5
tume of Employer (Required)	-'-'-	
Decupation (Required)	Aggregate year-to-date	1,000.00
B. Source: Gerporation X PAC Individual C Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	12/ 04/ 09	\$ 500.00
The GlaxoSmithKline Malling Address		\$
Five Moore Drive City, State, Zip Code		s
Research Triangle Park, NC 27709 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: Corporation To PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	121 011 09	\$ 500.00
Enterprise Holdings, Inc. Mailing Address		5
600 Corporate Park Drive	1 1	\$
St. Louis, MO 63105 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: Corporation X PAC Individual Lean  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12/14/09	\$ 500.00
Baker Donelson Mississippi Mailing Address P. O. Box 14167	_'_'_	s
City, State, Zip Code	1_1_1_	S
Jackson MS 39236 Nume of Employer (Required)		s
Name of ambiologic (starting of	Aggregate	le l
Occupation (Required)	year-to-date	500.00

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A. Source:    Corporation   PAC   individual   Loan	(Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	07/ 29/09	\$ 250.00
Norfolk Southern Corp.		
Mailing Address	11	S
Three Commercial Place		\$
City, State, Zip Code		•
Norfolk, VA 23510-2191		s
Name of Employer (Required)	//	•
Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source: Corporation DPAC X Individual Discours  DOTHER (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	101 00100	\$
Edward A. Williamson	<u>12/_29/09</u>	250.00
Mailing Address		\$
P. O. Box 588	''-	
City, State, Zip Code	1 1	\$
Philadelphia, MS 39350	''-	
Name of Employer (Required)	1 1	\$
The Edward A. Williamson Law Firm		
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source:  Corporation  PAC  Individual  Loan  Cother (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Fullname Gloria D. Williamson	12/ 29/09	\$ 250.00
Mailing Address	1 1	\$
509-A Church Avenue		
City, State, Zip Code	1 1	\$
Philadelphia, MS 39350		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: D Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09/_12/09	5
Motorola	73, 77, 13	\$ 1,000.00
Mailing Address	1 1	\$
P. O. Box 68429		
City, State, Zip Code		\$
Schaumburg, IL. 60168 Name of Employer (Required)		
tautie as Probacitas (section on)		\$
Occupation (Required)	Aggregate year-to-date	1,000.00

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1 450			_

Source: CCorporation CIPAC [Individual Loan	(Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)	12 ,15 ,09	\$ 300.00
Mississippi Association for HomeCare		\$
134 Fairmont Street, Suite B	-'-'-	
ny, State, Zip Code		\$
Clinton, MS 39056		S
ame of Employer (Required)	_'-'-	
ecupation (Required)	Aggregate year-to-date	\$ 300.00
3, Source: X Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)	09 / 29 / 09	\$ 500,00
Chevron Public & Government Affairs		\$
Mailing Address		
P. O. Box 1300		\$
City, State, Zip Code		
Pascagoula, MS 39568 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	500.00
C. Source:   Corporation X PAC Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 /15 /09	\$ 350.00
Abbott Laboratories		\$
Mailing Address	-'-'-	
100 Abbott Park Road Gity, State, Zip Code		\$
Abbott Park, IL 60064-6028		\$
Name of Employer (Required)	_/_/_	
Occupation (Required)	Aggregate year-to-date	\$ 350.00
D. Source:   Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each
Other (please specify)	11 /18 /09	\$ 300.00
MMHA VPAC (Mississippi Manufactured Housing) Walling Address		\$
P. O. Box 320369		s
City, State, Zip Code	_'-'-	
Flowood MS 39232 Name of Employer (Required)		_ s
Occupation (Required)	Aggregate year-to-date	\$ 300.00

Page	21.	of	45	
1 Age		- 1		_

Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Ull name	12 /09 /09	500.00
Pharmaceutical Research & Manufacturers of America		\$
failing Address	_'_'_	•
771 North Street	1 1	\$
Baton Rouge, LA 70802		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source:   Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	12 /10 /09	\$ 300.00
Dr. & Mrs. Shelby F. Thames	1 1	\$
37 Bocage Road		\$
City, State, Zip Code	11	
Hattiesburg, MS 39402		\$
Name of Employer (Required)	_'_'_	
Occupation (Required)	Aggregate year-to-date	\$ 300.00
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 /19 /09	\$ 500,00
Capitol Resources, LLC		\$
Maillion Address	1_1_1_	3
210 East Capitol Street, Regions Plaza		S
City, State, Zip Code Jackson, MS 39201		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 /19 /09	\$ 1,000.00
General Electric Company Mailing Address		\$
P. O. Box 9544 City, State, Zip Code		. \$
Fort Myers, FL 33906-9544 Name of Employer (Required)	ii_	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00

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LAKE			

Source: ॡCorporation ☐ PAC ☐ Individual ☐ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
□ Other (please specify)	11 /19 /09	\$ 1,000.00
Comcast Cable	+ , ,	\$
120 North Congress Street, Suite 640	1='='	\$
ity, State, Zip Code	1-'-'-	
Jackson, MS 39201  Jackson (Required)		\$
Occupation (Required)	Aggregate year-to-date	1,000.00
B. Source:   Corporation  PAC D Individual  Loan	Date (Mo., Day, Year)	Amount of each receipt this period
□ Other (please specify)	12 /10 /09	\$ 500.00
Full name Committee for Clean Environment & Fair Texation	1 1	\$
Mailing Address 3000 - B North State Street		\$
City, State, Zip Code		
Jackson, MS 39216 Name of Employer (Required)		S
	Aggregate year-to-date	\$ 500.00
Occupation (Required)  C. Source:	Date (Mo., Day, Year	
Full name	12 /10 /09	
Advance America	1 1	S
Mailing Address		\$
135 North Church Street City, State, Zip Gode		-1
Spartanburg, SC 29306 Name of Employer (Required)		- \$
	Aggregate year-to-date	1,000.00
Occupation (Required)  D. Source:   [X]Corporation   PAC   Individual   Loan	Date (Mo., Day, Yes	Amount of each
Other (please specify)	12 /10 /09	\$ 500.00
Full name Dunn Roadbuilders, LLC	1 1	\$
P. O. Box 6560	1 1	5
City, State, Zip Code Laurel, MS 39441-6560	<u> </u>	_ s
Name of Employer (Required)	Aggregate	10
Occupation (Required)	year-to-dat	500.00

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LAGO				

Name of Candidate or Committee Percy W. Watson Reporting period January 1, 2009 through December 31, 2009 ITEMIZED RECEIPTS

Source: 「▼Corporation □ PAC □ Individual □ Loan	Data (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	12/10/09	1,000-00
Verizon Wireless		\$
alling Address P. O. Box 2167	,	
rty, State, Zip Code	_'_'_	\$
Folsom, CA 95763	1 1	\$
ame or employer (recommen)	Aggregate	\$
occupation (Required)	year-to-date	1,000,00
3. Source: ★ Corporation □ PAC □ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	09_/21_/09_	500-00
Entertainment Software Association Mailing Address		\$
575 7th Street, NW, Suite 300		\$
Washington, D. C. 20004	<u> -'-'-</u>	
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	500.00
C. Source:   Corporation  PAC Individual Load Other (please specify)	n Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 /22 /09	\$ 500.00
Baxter Healthcare Corporation MaHing Address		\$
One Baxter Parkway City, State, Zip Code		\$
Deerfield, IL 60015 Name of Employer (Required)	_1_1_	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: CCorporation	Date (Mo., Day, Year	Amount of each receipt this period
Other (please specify)  Full name Ameristar Casino Vicksburg	12 /10 /09	s 1,000-00
Melling Address 4116 Washington Street	11	\$
City, State, Zip Code		\$
Vicksburg, MS 39180 Name of Employer (Required)	_'_'	_ \$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00

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Reporting period Ianuary 1, 2009 through December 31, 2009

Source: Corporation DPAC Cindividual DLoan	Date Amount of each receipt this period
□ Other (please specify)	11 /19 /09 \$ 250.00
Dr. Dorothy Gillespie, M. D.	s
alling Address 307 Katie Avenue	1 1 \$
Hattiesburg, MS 39401	
iame of Employer (Required)	Aggregate \$ 250.00
Decupation (Required) Internal Medicine Physician/Gastroenterologist B. Source: Corporation C PAC (Nadividual C Loan	Date (Mo., Day, Year)  year-to-date  Arnount of each receipt this period
☐ Other (please specify)	11 /19 /09 \$ 250.00
Dr. Lynn McMahan, M. D.  Malling Address	_1_1_ \$
1420 South 28th Avenue	! \$
Hattiesburg, MS 39402 Name of Employer (Required)	-1-1-  · -   · -
	Aggregate \$ 250.00
Occupation (Required) Ophthalmologist. Cataract & Implant Surgeon C. Source:  Corporation  PAC Mindividual  Loan	Date Amount of each receipt this period
O Other (please specify)	11 /19 /09 \$ 250.00
Mr. Paul H. Holmes	s
Mailing Address 135 HDR Lane	s
City, State, Zip Code Petal, MS 39465	s
Name of Employer (Required)	Aggregate \$ 250.00
D. Source:  Gorporation PAC X Individual Loan	Date (Mo., Day, Year) this period
D. Spuice.   Other (please specify)	11 / 19 / 09 \$ 250.00
Full name Mr. William Oliver	
Mailing Address 125 South 28th Avenue	_1_1_ \$
City, State, Zip Code Hattiesburg, MS 39401	
Name of Employer (Required)	Aggregate \$ 250,00
Occupation (Required) Retired	

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Page	<u> </u>	UI	

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A. Source:   Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	11/10 /00	\$ 050.00
Mr. Ted Webb	<u>11</u> / <u>19</u> / <u>09</u>	250.00
Mailing Address	r r	\$
P. O. Box 1231		
City, State, Zip Code	1 1	\$
Hattiesburg, MS 39403		
Name of Employer (Required)	1 1	\$
Occupation (Required)	Aggregate	\$ 250.00
	year-to-date	Amount of each
B. Source: Corporation C PAC 10 Individual C Loan	(Mo., Day, Year)	receipt this period
☐ Other (please specify)		
Full name	11/19/09	\$ 500.00
Mr. C. T. Finnegan		many and an interest of the contract of the co
Mailing Address	1 1 1	\$
1116 Finlo Drive		
City, State, Zip Code	1 1	\$
Hattiesburg, MS 39401	- tttttt	
Name of Employer (Required)	11	\$
NEWSCHOOL SEC. VI. W. S.	Aggregate	S
Occupation (Required)	year-to-date	500.00
C. Source: Corporation D PAC ( Individual D Loan  Other (please specify)	Datz (Mo., Day, Year)	Amount of each receipt this period
Full name	11/19/09	\$
Mr. Jerry O>Keefe		1,000.00
Malling Address	1 1	\$
510 Beach Blvd.		
City, State, Zip Gode	1 1	\$
Biloxi, MS 39533		
Name of Employer (Required)	1 1	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
D. Source: Corporation D PAC II Individual D Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
The state of the s	20124 TAX	
Full name Dr. Alvin Williams	11/19/09	\$ 250.00
Mailing Address	, ,	s
508 Green Hills Drive	_1_1_1_	×
City, State, Zip Code	1 1	\$
Hattiesburg, MS 39402		
Name of Employer (Required)		\$
	Aggregate	\$ 250.00
Occupation (Required)	year-to-date	250.00

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Reporting period January 1, 2009

# 1. 2009 through December 31. 2009 ITEMIZED RECEIPTS

Source: Corporation PAC Mindividual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)	11/19/09	350.00
Mr. Lawrence Warren		
ailing Address	_'_'_	
P. O. Box 572		S
ity, State, Zip Code	_/_/_	76
Hattiesburg, MS 39403		\$
ame of Employer (Required)	]-'-'-	- 1
eccupation (Required)	Aggregate year-to-date	\$ 350.00
3. Source: © Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	11/19/09	\$ 250.00
Mr. Charles J. Brown		S
609 Dabbs Street	, ,	\$
City, State, Zip Code	'	
Hattiesburg, MS 39401 Name of Employer (Required)	\	\$
Occupation (Required)	Aggregate year-to-date	\$ 250,00
C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11/19/09	\$ 250.00
Mr. Sam Buchanan		\$
Malling Address	-/-/-	
1205 Windsor Drive		\$
City, State, Zip Code	-'-'-	
Hattiesburg, MS 39401 Name of Employer (Required)		\$
	Aggregate	\$ 250.00
Occupation (Required)	year-to-date	Amount of each
D. Source: Corporation DPAC Pindividual Di Loan	(Mo., Day, Year)	receint
□ Other (please specify)	11/19 / 09	\$ 250.00
Mr. Milan Hoze		
Mailing Address	-1-1-	\$
131 Monroe Road	i i	\$
City, State, Zip Code Hattiesburg, MS 39401		
Name of Employer (Required)	_!!_	\$
	Aggregate	\$ 250.00

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A Source: Corporation PAC Mindividual Discours	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mr. Clyde Bryant	11_/19_/09_	\$ 250-00
Mailing Address		s
500 Broadway Drive	<del>-</del> ''-	
City, State, Zlp Code		\$
Hattiesburg, MS 39401		
Name of Employer (Required)	1 1	\$
State Farm Insurance		
Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	42 42 42	s
Mr. Paul W. McMullan	11_/19_/09_	250.00
Mailing Address	7 7	\$
2 Cherokee Circle	_'-'-	
City, State, Zip Code	, ,	\$
Hattiesburg, MS 39401	''-	
Name of Employer (Required)	111	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source: Corporation C PAC X Individual C Loan  C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 /19 /09	\$
Mr. Doug Rouse	X1 /12 / N/3	250.00
Mailing Address	1 1	\$
111 Bedford Road		
City, State, Zip Gode	1 1	\$
Hattiesburg, MS 39402		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: ☐ Corporation ☐ PAC 🙊 Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 40 60	
Mr. Warren Hood	11.19 19	\$ 250.00
Mailing Address 623 Main Street, Suite 300		\$
City, State, Zip Code		
Hattiesburg, MS 39401	_'-'-	\$
Name of Employer (Required)	1 1	\$

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11_/19_/09_	•
	250.00
	\$
1_1_1_	**
	\$
1 1	<b>*</b> .
\—- <u>-</u>	
	\$
Aggregate	\$ 250.00
year-to-date	Amount of each
Date (Mo., Day, Year)	receipt this period
-	S
11_/19_/09_	250.00
	\$
_'-'-	
	\$
-'-'-	
10. 10	S
_'-'-	
Aggregate	\$ 050.00
year-to-date	250.00
Date (Mo., Day, Year)	
11 / 19 / 09	250.00
	\$
1-'-'-	•
	\$
_/_/_	-0 <sup>12</sup>
	\$
	- 12
Angregate	\$
vear-to-date	250.00
Date	Amount of eac
11 / 19 / 0	
11	_ S
1 1	\$
1 1	\$
	\$
Aggregate	250.00
	Aggregate year-to-date  Date (Mo., Day, Year)  LL /10 /00  LI /10 /00  Aggregate year-to-date  Date (Mo., Day, Year)  11 / 19 / 09  Aggregate year-to-date  Aggregate year-to-date

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11/19/09 -/_/_	\$ 250.00
-'-'- -'-'-	
-!-!-	\$
-'-'-	· ·
1 1	\$
Aggregate	\$ 250.00
year-to-date	
Date (Mo., Day, Year	Amount of each receipt this period
(24000)	S
11/19/1	
1_1_1_	\$
	\$
1'-	-
1 1	S
<u> </u>	
Aggregate	te l
Date	Amount of each receipt
	3
11/19/	09 250.00
1 1	_ \$
	\$
11	
	. \$
\_'-	
Aggrega year-to-0	data
Date (Mo., Day,	Amount of sa
11/19	/ no \$ 500.0
	1 \$
\_/_	
1	1_ \\$
_'-	_1 \$
Aggre year-to	gate \$ 500.
	(Mo., Day, Year   11 / 19 / 0

	30	of	45
Page		v,	

Source: □ Corporation □ PAC 및 Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	11/19/09	1,000.00
Dr. Lynn McMahan		5
alling Address	1-1-1	
1420 South 28th Avenue		\$
ity, State, Zip Gode		
Hattiesburg, MS 39402	1 1	\$
arne of Employer (Required)	Aggregate	\$
Occupation (Required)	year-to-date	1,000.00
Ophthalmologist  B. Source: D Corporation D PAC M Individual D Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		\$
Full name	11 /19 /09	500.00
Mr. Jessie Pennington		\$
Mailing Address		
453 Cedarwood Drive		S
City, State, Zip Code	-'- <u>'</u> -	
Jackson, MS 39212	1 1	\$
Name of Employer (Required)	1-amenta	\$ =00.00
Occupation (Required)	Aggregate year-to-date	500.00
C. Source: Corporation PAC Mindividual D Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	11. / 19 / 09	\$ 500.00
Full name		\$
Mr. Chad Driskill Mailing Address	_'_'	
118 College Drive, Suite 5177	1 1	\$
City, State, Zip Code Hattiesburg, MS 39406		\$
Name of Employer (Required)	_'_'	
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source:     Corporation   PAC X-Individual   Loan	Date (Mo., Day, Year	Amount of each receipt this period
☐ Other (please specify)	27 4 10 4 00	\$ 500.00
Full name	11 / 19 / 09	500.00
Attorney John Lee		5
1014 South 34th Avenue		\$
City State Zip Code	'	
Hattiesburg, MS 39401	1 1	\$
Name of Employer (Required)	Aggregate	
Occupation (Required)	year-to-date	

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Date (Mo., Day, Year)	Amount of each receipt this period
17 / 19 / 09	250.00
	250.00
_'_'_'	
	\$
-1-1-	
	\$
_'-'-	
	\$ 250-00
	Amount of each
(Mo., Day, Year)	receipt this period
11 / 19 / 09	\$ 300.00
<u> </u>	\$
-1-1-	
	\$
	\$
Aggregate	\$ 300.00
Date (Mo., Day, Year)	Amount of each receipt this period
10/31/09	500.00
	\$
- <u>'-'</u> =	
1 1	\$
	\$
	. 4
Aggregate year-to-date	\$ 500.00
Date	Amount of each receipt this period
12,10,09	\$ 1,000.00
	\$
	\$
	s
'	
Aggregate	\$ 1,000.00
	Date (Mo., Day, Year)

Reporting period January 1, 2009

through December 31, 2009

A Full name Mrs. Barbara S. Watson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(mo., bay, rear)	S
350 Old Spanish Trail	<u>01</u> / <u>09</u> / <u>09</u>	500.00
City, State, Zip Code Jackson, MS 39212		S
Purpose of Disbursement (Optional) Christmas Baskets	Aggregate Year-to-date	500.00
9 Full name Millsaps College	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1701 North State Street	01/12/09	\$ 397.00
City, State, Zip Code Jackson, MS 39210-0001		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 397.00
C. Full name Percy W. Watson	Date (Mo., Day, Year)	Amount of each disbursement this period
Molling Address 930 North Main Street	01/23/09	1,425.00
City, State, Zip Code Hattiesburg, MS 39401	_'_'_	S
Purpose of Disbursement (Optional) Reimbursement for charitable contributions	Aggregate Year-to-date	1,425.00
D. Full name Reserve Account	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5101 Interchange Way	01/28/09	\$ 500.00
City, State, Zip Code Louisville, KY 40229		S
Purpose of Disbursament (Optional) U. S. Postage	Aggregate Year-to-date	500.00
E.Full name Chinika, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O.Box 227	02/02/09	1,000.00
City, State, Zip Code Hattiesburg, MS 39403	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 1,000.00
F, Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Front Porch Mailing Address 205 Thornhill Drive	02/11 / 09	\$ 413.97
City, State, Zip Code Hattiesburg, MS 39401		\$
Purpose of Disbursement (Optional) Repast Dinner for DAniel Pridgen	Aggregate Year-to-date	\$ 413.97

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Full name	Date	Amount of each
Bourne Bros. Printing	(Mo., Day, Year)	disbursement this period
Mailing Address 5276 Highway 42	02 / 17 / 09	739.72
City, State, Zip Code		S
Hattiesburg, MS 39401		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	739.72
Printing Full name	Date	Amount of each
Mr. James Yarbourgh	(Mo., Day, Year)	disbursement this period
Aniling Address	02/07/09	\$ 300.00
830 Umstead Road	VZ_ 1 QT 1 Q2	
City, State, Zip Code	7 7	S
Fayetteville, NC 28304	1-'-'-	
Purpose of Disbursement (Optional)	Aggregate	\$
Benevolence	Year-to-date	300.00
C. Full name	Date	Amount of each
Mr. Luther Cooley	(Mo., Day, Year)	disbursement this period
Mailing Address	00 100 100	\$
218 North 25th Avenue, Apt. 14	02 / 20 / 09	300.00
City, State, Zip Code Hattiesburg, MS 39401		5
	Augragata	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	300.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ebenezer Baptist Church Mailing Address		S
900 East 8th Street	03/17/09	800.00
City, State, Zip Code	F 1	S
Hattiesburg, MS 39401		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 800.00
Deacons Fellowship	THE STUDIOS AND SECTION OF THE SECTI	
E. Full name	Date	Amount of each disbursement this period
Mrs. Diane Whigham	(Mo., Day, Year)	
Mailing Address	<u>04 / 18 / 09</u>	500.00
605 Cypress Avenue		
City, State, Zip Code	1 1	S
Hattiesburg, MS 39401		
Purpose of Disbursement (Optional) Birthday Party	Aggregate Year-to-date	500-00
F. Full name	Date	Amount of each
Forrest County NAACP	(Mo., Day, Year)	
Mailing Address	04 /15 / 09	\$ (00.00
307 Fairway Drive	04/10/02	400.00
City, State, Zip Code Hattiesburg, MS 39401		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00

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through December 31, 2009

A Full name Percy W. Watson	Date (Mo., Day, Year)	Amount of each disbursement this period
930 North Main Street	04 /15 / 09	550.00
City, State, Zip Code Hattiesburg, MS 39401		s
Purpose of Disbursement (Optional) Reimbursement for Dental Luncheon	Aggregate Year-to-date	\$ 550.00
B. Full name Mayor Johnny L. DuPree	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1028 Main Street	04 /16 / 09	500.00
City, State, Zip Code Hattiesburg, MS 39401		S
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	\$ 500.00
Starlight Baptist Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1413 Gravel Line Street	04 /23 / 09	\$ 325.00
City, State, Zip Code Hattiesburg, MS 39401		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 325.00
D. Full name L. J. Rowan Class of 1969	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 734 Northhill Drive	05 /09 / 09	\$ 300.00
City, State, Zip Code Hattiesburg, MS 39401		s
Purpose of Distursement (Optional) Three Full Page Ads	Aggregate Year-to-date	\$ 300.00
E Full name Bourne Bros. Pringting	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 5276 Highway 42	04 /30 / 09	\$ 246.00
City, State, Zip Code Hattiesburg, MS 39401	/	s
Purpose of Disbursement (Optional) Campaign Stationary	Aggregate Year-to-date	\$ 246.00
F. Full name Committee to Elect Johnny L. DuPree	Date (Mo., Day, Year)	Amount of each disbursement this period
P. O. Box 574	05 /03 / 09	500.00
City, State, Zip Gode Hattiesburg, MS 39403-0574	_/_/_	5
Purpose of Disbursement (Optional) Campaign Donation	Aggregate Year-to-date	\$ 500.00

Reporting period January 1, 2009

through December 31, 2009

2000			
A. Full name Reserve Account	Date (Mo., Day, Year)	Amount of each disbursement this perior	
Mailing Address 5101 Interchange Way	05 / 06 / 09	\$ 600.00	
City, State, Zip Code Louisville, KY 40229		S	
Purpose of Disbursement (Optional) U. S. Postage	Aggregate Year-to-date	s 600.00	
6. Full name Ms. Anita Wright	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 1 Convention Center Plaza	_'_'_	410.00	
City, State, Zip Code Hattiesburg, MS 39401	05/12/_09	S	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	410.00	
C. Full name Capital Club	Date (Mo., Day, Year)	Amount of each disbursement this period	
Malling Address	05 / 07 / 09	1,758.33	
City, State, Zip Code  Jackson, MS 39205		S	
Purpose of Disbursement (Optional) Minority Dentist Banquet/Dental School	Aggregate Year-to-date	1,758,33	
D. Full name Betty Cook Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period	
Malling Address	05 / 07 / 09	\$ 250.00	
City, State, Zip Code Jackson, MS 39401		S	
Purpose of Disbursement (Optional) Betty Cook Compaign	Aggregate Year-to-date	s 250.00	
E.Full name Congressman Bennie Thompson Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	04 / 15 / 09	300.00	
City, State, Zip Code Bolton, MS		S	
Purpose of Disbursement (Options!) Campaign Donation	Aggregate Year-to-date	300.00	
Full name Ms. Brenda Williams	Date (Mo., Day, Year)	Amount of each disbursement this period	
falling Address 718A Grace Avenue	05 / 29 / 09	\$ 250.00	
Hattiesburg, MS 39401		S	
Purpose of Disbursement (Optional) 2009 Golf Tournament	Aggregate Year-to-date	\$ 250.00	

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through December 31, 2009

A Full name Ms. Yolanda McCree	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
P. O. Box 21	05 / 29 / 09	250.00
City, State, Zip Code Hattiesburg, MS 39403		s
Purpose of Disbursement (Optional)	Aggregate	S
2009 Golf Tournament	Aggregate Year-to-date	250.00
Ms. Melba Houze	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3003 Mesa Drive	05/ 29/ 09	\$ 250.00
City, State, Zip Code	1 111	S
Hattiesburg, MS 39401	'	
Purpose of Disbursement (Optional)	Aggregate	\$
2009 Golf Tournament	Year-to-date	250.00
C. Full name	Date	Amount of each
L. J. Rowan Class of 1969	(Mo., Day, Year)	disbursement this period
Mailing Address		5
734 Northill Drive	_06/_06/_09	245.00
City, State, Zlp Code	4 32	S
Hattiesburg, MS 39401	_/_/_	Process of the second
Purpose of Disbursement (Optional)	Aggregate	S
Two Full Page Ads	Year-to-date	245.00
D. Full name	Date	Amount of each
Ebenezer Baptist Church	(Mo., Day, Year)	disbursement this period
Mailing Address	06 / 07/ 09	\$
900 East 8th Street City, State, Zip Code	<u>00</u> 1 <u>01</u> 1 _09	225 <b>.0</b> 0
Hattiesburg, MS 39401	1 1	S
Purpose of Disbursement (Optional)		
rui pose di disodisement (dipodial)	Aggregate	2
E. Full name	Year-to-date	225.00
Mr. David Knight	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
501 Southern Avenue	06/_18/_09	300.00
City, State, Zip Code		\$
Hattiesburg, MS 39401		*
Purpose of Disbursement (Optional)	Aggregate	s
South Africa	Year-to-date	300.00
F. Full name	Date	Amount of each
Bourne Bros. Printing	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
5276 Highway 42	06, 28, 09	251.45
City, State, Zip Code	7 7	S
Hattiesburg, MS 39401		
Purpose of Disbursement (Optional) Golf Tournament Stationary	Aggregate Year-to-date	\$ 251.45

Reporting period January 1, 2009

through December 31, 2009

A. Full name	Date	Amount of each
A Gallery	(Mo., Day, Year)	disbursement this period
Mailing Address 134 East Front Street	07/_08/_09	249.13
City, State, Zip Gode		\$
Hattiesburg, MS 39401	-/-/-	•
Purpose of Disbursement (Optional)	Aggregate	S
Host Gifts for China	Year-to-date	249.13
B. Full name	Date	Amount of each
Mrs. Deborah Delgado	(Mo., Day, Year)	disbursement this period
Mailing Address	araw ara a	5
304 Williams Street	.07/_21/.09	250.00
City, State, Zip Code Hatter on home MC 20/01		S
Hattiesburg, MS 39401	-'-'-	
Purpose of Disbursement (Optional)	Aggregate	2
Trip for Children	Year-to-date	250.00
C. Full name	Date	Amount of each
Ms. Mildred Short	(Mo., Day, Year)	disbursement this period
Mailing Address 900 East 8th Street	07/22 / 09	S
City, State, Zip Code	31/22/09	300.00
과회 REARION (1917년 1일	1/ 1	\$
Hattiesburg, MS 39401 Purpose of Disbursement (Optional)		
	Aggregate	S
School Supplies D. Full name	Year-to-date	300.00
Holland-Harris Funeral Directors	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
5281 Cliff Gookin Blvd.	07/31/09	200.00
City, State, Zip Code		300.00
Tupelo, MS 38801	//	S
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	s 300.00
E. Full name		
Mr. James Yarborough	(Mo., Day, Year)	Amount of each disbursement this period
Malling Address		S
8330 Umstead Road	<u>08</u> / <u>02</u> / <u>09</u>	300.00
City, State, Zip Code		\$
Fayetteville, NC 28304	-/-/-	8.
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	300.00
. Full name	Date	Amount of each
Mr. Demarcus John	(Mo., Day, Year)	disbursement this period
falling Address	08,02,09	S
Sity, State, Zip Code	00/02/09	500.00
050 O V CD	125 - 2	\$
Hattiesburg, MS 39401 urpose of Disbursement (Optional)		
[1] : 유리 [1] : (1) : [1] : [1		\$
Schlarship John Family	Year-to-date	500.00

Reporting period January 1, 2009

through December 31, 2009

A Full name DeVontay Bradshaw	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	08/02 / 09	s	
City, State, Zip Code		500.00	
Hattiesburg, MS 39401	11	*	
Purpose of Disbursement (Optional)	Assessed	S	
Scholarship Goins Family	Aggregate Year-to-date	500.00	
B. Full name	Date	Amount of each	
Ebenezer Baptist Church	(Mo., Day, Year)	disbursement this period	
Mailing Address	00.00 .00	s	
900 East 8thStreet	08/02 / 09	500.00	
City, Stats, Zip Code		\$	
Hattiesburg, MS 39401	_'_'_		
Purpose of Disbursement (Optional)	Aggregate	S	
Homecoming 2009	Year-to-date	500.00	
C. Full name	Date	Amount of each	
Percy W. Watson	(Mo., Day, Year)	disbursement this period	
Malling Address	00.00.00	S	
930 North Main Street	08/02/09	1,126.78	
City, State, Zip Code		\$	
Hattiesburg, MS 39401	'		
Purpose of Disbursement (Optional)	Aggregate	S	
Air Transportation for Wonda Hatcher & Rose Haswell	Year-to-date	1,126.78	
D, Full name	Date	Amount of each	
L.J. Rowan Class of 1969	(Mo., Day, Year)	disbursement this period	
Mailing Address	08/21 / 09	\$ 1,000,00	
734 Northhill Drive	30/21/32	1,000.00	
City, State, Zip Code  Hatticahume MC 20/01	1 1	\$	
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)	Aggregate	5	
Donation/Class of 1969 Class Reunion	Year-to-date	1,000.00	
E. Full name	Date	Amount of each	
Signs First Mailing Address	(Mo., Day, Year)	disbursement this period	
4400 Hardy Street	08 / 06/ 09	\$	
City, State, Zip Code		353.10	
Hattiesburg, MS 39401	1 1	2	
Purpose of Disbursement (Optional)			
Golf Signs for 2009 Golf Tournament	Aggregate Year-to-date	s 353.10	
F. Full name			
Mississippi Power Company	(Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	(mo., bay, rear)		
OF THE WORK STORES	08/_06/_09	250.00	
City, State, Zip Code		\$	
Hattiesburg, MS 39401	_'	*	
Purpose of Disbursement (Optional)	Aggregate	s	
Payment of Electric Bill for Rochelle Perkins	Year-to-date	250.00	

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Reporting period <u>January 1, 2009</u>

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Ms. Melba L. Houze	Date	
Mailing Address 3003 Mesa Drive	08 / 07 / 09	\$ 450.00
City. State, Zip Code Hattiesburg, MS 39401	_/_/_	s
Purpose of Disbursement (Optional) 2009 Golf Tournament	Aggregate Year-to-date	\$ 450.00
8. Full name Cowboy Maloney	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 4700 Hardy Street, Suite J	08 / 07 / 09	\$ 728.30
City, State, Zip Code Hattiesburg, MS 39402		\$
Purpose of Disbursement (Optional) 2009 Golf Tournament	Aggregate Year-to-date	s 728.30
C. Full name Reserve Account	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5101 Interchange Way	08_/12/_09	650.00
City, State, Zip Code Louisville, KY 40229	_/_/_	S
Purpose of Disbursement (Optional) U. S. Postage	Aggregate Year-to-date	650.00
D. Full name Ms. Wilhemina Banks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 1295	08 / 19 / 09	\$ 300.00
City, State, Zip Code Hattiesburg, MS 39403		S
Purpose of Disbursement (Optional) 2009 Golf Tournament	Aggregate Year-to-date	s 300.00
E.Full name Mr. Randall Williams	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 1512	08_/20/09	\$ 490.00
City, State, Zip Code Hattiesburg, MS 39403	'	S
Purpose of Disbursement (Optional) 2009 Golf Tournament Photos	Aggregate Year-to-date	\$ 490.00
F. Full name Ms. Melba Houze	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3003 Mesa Drive	Q <u>8 /21 / Q9</u>	500.00
City, State, Zip Code Hattiesburg, MS 39401		s
Purpose of Disbursement (Optional) 2009 Golf Tournament	Aggregate Year-to-date	\$ 500.00

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A. Full name Canebrake Country Club	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
1 Cane Drive	<u>08/21 / 09</u>	\$ 4,328.07
City, State, Zip Code Hattiesburg, MS 39402		s
Purpose of Disbursement (Optional) Golf Tournament 2009	Aggregate Year-to-date	s 4,328.07
B. Full name Millsaps College	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1701 North State Street	08/27/09	\$ 771.75
City, State, Zip Code Jackson, MS 39210-0001		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 771.75
C.Full name Ebenezer Baptist Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 900 East 8th Street	_08/30/_09	\$ 225.00
CHy. State, Zip Code Hattiesburg, MS 39401		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 225.00
D. Full name MDA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 1287	_09/ 29 / _09	\$ 300.00
City, State, Zip Code Hattiesburg, MS 39403		s
Purpose of Disbursement (Optional) MDA Contribution	Aggregate Year-to-date	s 300.00
E.Full name Rev. Carlos Wilson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 810 East 8th Street	<u>10/.04 / .09</u>	\$ 250.00
City, State, Zip Code Hattiesburg, MS 39401		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	250.0
Mr. Marshall Bell	Date (Mo., Day, Year)	Amount of each disbursement this period
falling Address 112 St. Andrews	10/08/09	1,000.00
Hattiesburg, MS 39401		s
Purpose of Disbursement (Optional) Golf Tournament 2009	Aggregate Year-to-date	1,000.00

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Lane	7	OF	72	

Name of Candidate or Committee Percy W. Watson Reporting period January 1, 2009

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A. Full name	Date	Amount of each
Bourne Brothers Printing	(Mo., Day, Year)	disbursement this period
Mailing Address 5276 Highway 42	10 /27 / 09	\$ 253.59
City, State, Zip Code		\$
Hattiesburg, MS 39401	_'_'_	,
Purpose of Disbursement (Optional)	Aggregate	S
Stationary	Year-to-date	253.59
B. Full name	Date	Amount of each
Copy Cats Printing	(Mo., Day, Year)	disbursement this period
Mailing Address	10 122 100	S
905 Hardy Street	10 /23 / 09	457.96
City, State, Zip Code		S
Hattiesburg, MS 39401	1''-	
Purpose of Disbursement (Optional)	Aggregate	S
Invitations	Year-to-date	457.96
C. Full name	Date	Amount of each
Midnight Star Band	(Mo., Day, Year)	disbursement this period
Mailing Address	11 /12 / 09	5
P. O. Box 3172	11 / 12 / 05	5,750.00
City, State, Zip Code	1 / /	5
Beverly Hills, CA 90212 Purpose of Disbursement (Optional)		
75.	Aggregate	S
Entertainment for Appreciation Gala	Year-to-date	5,750.00
Macks Fish Camp	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
7329 U. S. Highway 98	11 /17 / 09	1,605.00
City, State, Zip Code		\$
Hattiesburg, MS 39401	_/_/_	1.50
Purpose of Lisbursement (Optional)	Aggregate	S
Reception for 11-19-09	Year-to-date	1,605.00
E. Full name	Date	Amount of each
Mr. Holt McMullan	(Mo., Day, Year)	disbursement this period
Mailing Address	11 /20 / 09	\$
P. O. Box 1071	11 /20 / 09	448.73
City. State, Zip Code		5
Hattiesburg, MS 39403		
Purpose of Disbursement (Optional) Reimbursement for Reception 11-19-09	Aggregate Year-to-date	\$ 448.73
F, Full name	Date	Amount of each
Reserve Account	(Mo., Day, Year)	disbursement this period
Mailing Address	11 /00 / 00	\$ 500.00
5101 Interchange Way	11_/29_/09	500.00
City, State, Zip Code	1 1	\$
Louisville, KY 40229		
Purpose of Disbursement (Optional)	Aggregate	\$ 500.00
U. S. Postage	Year-to-date	300.00

Reporting period January 1, 2009

through December 31, 2009

A. Full name		
Ms. Melba Houze	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 3003 Mesa Drive	11/23/09	300.00
City, State, Zip Code Hattiesburg, MS 39401		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	300.00
B. Full name Reserve Account	(Mo., Day, Year)	Amount of each disbursement this period
Malling Address 5101 Interchange Way	11/23/09	500.00
City, State, Zip Code Louisville, KY 40229		S
Purpose of Disbursement (Optional) US Postage	Aggregate Year-to-date	500.00
Ms. Melba Houze	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3003 Mesa Drive	<u>12/18/09</u>	700.00
City, State, Zip Code Hattiesburg, MS 39401		S
Purpose of Disbursement (Optional) Appreciation Gala	Aggregate Year-to-date	700.00
Mrs. Jeanette Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
609 Breland Avenue	12/21/09	\$ 250.00
City, State, Zip Code Hattiesburg, MS 39401		S
Purpose of Dispursement (Options!)  Appreciation Gala for (Dr. C. E. Smith)	Aggregate Year-to-date	\$ 250.00
Mr. Johnnie Magee	Date (Mo., Day, Year)	Amount of each disbursement this period
Melling Address	12/22/09	\$ 1,250.00
City, State, Zip Code Jackson, MS 39202		3
Purpose of Disbursement (Optional) Appreciation Gala	Aggregate Year-to-date	\$ 1,250.00
F. Full name Microtel Inn - Hattiesburg	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 105 Westover Drive	12/20/09	\$ 1,400.65
Hattiesburg, MS 39402	_/_/_	S
Purpose of Disbursement (Optional) Hotel accommodations for Appreciation Gala	Aggregate Year-to-date	s 1,400:65

Reporting period <u>January 1, 2009</u> through <u>December 31, 2009</u>

A & A Memorial Chapel	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 5752 U. S. Highway 49	12 /22 / 09	\$ 500.00
City, State, Zip Code Hattiesburg, MS 39401		s
Purpose of Disbursement (Optional)	Aggregate	S
Transporation for Appreciation Gala	Year-to-date	500.00
Mr. John Wayne McCullum	(Mo., Day, Year)	Amount of each disbursement this period
Malling Address	12 /23 / 09	650.00
City, State, Zip Code Hattiesburg, MS 39401		S
Purpose of Disbursement (Optional) Photography for 2009 Appreciation Gala	Aggregate Year-to-date	\$ 650.00
c. Full name Mr. Gregory Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 /02 / 09	300.00
City, State, Zip Code Jackson, MS 39202	11	S
Purpose of Disbursement (Optional) Family Illness	Aggregate Year-to-date	s 300.00
D. Full name Sherra Lane Campaign	Date (Mo., Day, Year)	Amount of each dispursement this period
Malling Address	12 /09 / 09	s 250.00
City, State, Zip Code	/ /	S
Waynesboro, MS		
Purpose of Disbursement (Optional) Campaign Donation	Aggregate Year-to-date	s 250.00
E. Full name Omega Psi Phi	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 /31 / 09	\$ 250.25
City. State, Zip Code Hattiesburg, MS 39403		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.25
Full name Ms. Yolanda McCree	Date (Mo., Day, Year)	Amount of each disbursement this period
Aelling Address P. O. Box 31	12 /31 / 09	500.00
Hattiesburg, MS 39403		s
Services for 21st Appreciation Gala	Aggregate Year-to-date	500.00

Reporting period <u>January 1, 2009</u>

through December 31, 2009

A.Full name Hattiesburg Lake Terrace Convention Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Multing Address	12 . 21 . 00	5
1 Convention Center Plaza	12 / 31 / 09	300.00
City, State, Zip Code		S
Hattiesburg, MS 39401	/_/_	
Purpose of Disbursement (Optional)	Aggregate	S
Brunch	Year-to-date	300.00
B. Full name Mr. Johnnie McGee	(Mo., Day, Year)	Amount of each disbursement this period
Malling Address	11 / 30 / 09	\$ 1,250.00
City, State, Zip Code		The second secon
Jackson, MS 39202	_/_/_	S
Purpose of Disbursement (Optional)		
2009 Appreciation Gala	Aggregate Year-to-date	1,250.00
C. Full name		The state of the s
Taylor Rental	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4219 Lincoln Road Ext.	<u>11 / 30/ 09</u>	233.73
City, State, Zip Code	, ,	\$
Hattiesburg, MS 39402		
Purpose of Disbursement (Optional)	Aggregate	\$
Chairs/Appreciation Gala	Year-to-date	233.73
Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	(Mari, Swy) 1 way	S S
1000 Turtle Creek Drive, Suite 1	12/09/09	689.85
City, State, Zip Code	1V VI	\$
Hattiesburg, MS 39402	_/_/_	DOM:
Purpose of Disbursement (Optional)	Aggregate Year-to-date	689.85
E. Full name	Date	Amount of each
Trustmark Bank	(Mo., Day, Year)	disbursement this period
Malling Address 300 West Pine Street	12 / 04 / 09	350.00
City, State, Zip Code		S
Hattiesburg, MS 39401	'	
Purpose of Disbursement (Optional) Store Help	Aggregate Year-to-date	s 350.00
F. Full name Computer Billards	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/14/09	227.38
City, State, Zip Code		S
Hattiesburg, MS 39401	_'_'_	

Pagè	45	of	45	1

Name of Candidate or Committee _	Percy W. Watson	
Penarting period January 1, 20	009 through December 31, 2009	

A Full name Bourne Brothers Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5276 Highway 42	12/11/09	\$ 674.10
City, State, Zip Code Hattiesburg, MS 39401	!!	S
Purpose of Disbursement (Optional) Gala Invitations	Aggregate Year-to-date	674.10
B. Full name South Mississippi Business Machines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6401 U. S. Highway 49	12 / 14 / 09	262.19
City, State, Zip Code Hattiesburg, MS 39401		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 262.19
C. Full name Mr. Hollie Hooker	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 59 Hartzog-Magee Road	12 / 14 / 09	\$ 300.00
City, State, Zip Code Prentiss, MS 39474		S
Purpose of Disbursement (Optional) Benevolence	Aggregate Year-to-date	s 300.00
D. Full name Midnight Star Bend	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 3172	12 /18 / 09	\$ 5,750.00
City, State, Zip Code Beverly Hills, CA 90212		S
Purpose of Disbursement (Optional) 2009 Appreciation Gala	Aggregate Year-to-date	s 5,750.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_1_1_	S
City, State, Zip Code		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Gode		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S